

FORM IR File With
HAMILTON INCOME TAX DIV.
345 High Street, Suite 410
Hamilton, Ohio 45011
Phone #: 513/785-7400
Toll Free #: 1-800-854-1684
FAX #: 513/785-7401

2002 INDIVIDUAL INCOME TAX RETURN 2002

- ☐ HAMILTON - 2% ☐ EATON - 1.5%
☐ OXFORD - 1.75% ☐ NEW MIAMI - 1.75%
☐ BUTLER COUNTY ANNEX - 2%

EXTENSION POLICY: AN EXTENSION WILL BE GRANTED AUTOMATICALLY, PROVIDED A FEDERAL EXTENSION HAS BEEN SECURED, AN ESTIMATE PAID, ALL REQUIREMENTS OF THE LOCAL ORDINANCE HAVE BEEN MET, AND A COPY OF THE EXTENSION HAS BEEN FILED WITH OUR OFFICE BEFORE APRIL 30.

DUE ON OR BEFORE APRIL 30, 2003

To pay by credit card you must complete the following:

Check One: Visa _____ or Mastercard _____
(16 digits) # _____ - _____ - _____ - _____
Card Expiration Date _____ / _____
Total Amount Authorized \$ _____
For 2002 \$ _____ For 2003 Estimate \$ _____
Signature _____
Daytime Phone Number _____
IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS FILED
GIVE DATE OF MOVE INTO CITY _____
OUT OF CITY _____

TAXPAYER'S NAME, ADDRESS

ACCOUNT NO. _____

1. WAGES, SALARIES, TIPS AND OTHER EMPLOYEE COMPENSATION (ATTACH ALL W-2'S) \$ _____
A. REDUCTION OF INCOME (SEE INSTRUCTIONS) \$ _____
2. OTHER TAXABLE INCOME (SEE INSTRUCTIONS) \$ _____
A. NET OPERATING LOSSES - CURRENT YEAR (SEE INSTRUCTIONS) \$ _____
B. LOSS PER PREVIOUS INCOME TAX RETURNS (SEE INSTRUCTIONS) \$ _____
(FOR CITY OF EATON ONLY ENTER \$0)
C. TOTAL OF LINE 2A AND 2B \$ _____
D. LINE 2 MINUS 2C (SEE INSTRUCTIONS) \$ _____
3. TAXABLE INCOME: LINE 1, MINUS LINE 1A, PLUS LINE 2D \$ _____
4. MUNICIPAL TAX - \$ _____
5. CREDITS
A. TAX WITHHELD BY EMPLOYER(S) FOR THIS CITY \$ _____
B. TAX PAID CITY OR VILLAGE OF _____ NOT TO EXCEED \$ _____
C. TOTAL OF LINES 5A & B \$ _____
D. LINE 4 MINUS 5C - NET TAX DUE \$ _____
E. 2002 ESTIMATED TAX PAID INCLUDING PREVIOUS YEAR OVERPAYMENT
TO THE MUNICIPALITY OF \$ _____
6. IF LINE 5D IS GREATER THAN LINE 5E, PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN. 2002 TAX DUE \$ _____
A. \$ _____ PENALTY & INTEREST \$ _____ LATE FEE \$ _____ FAILURE TO PAY ESTIMATE \$ _____ TOTAL ASSESSMENTS
B. TOTAL AMOUNT DUE \$ _____

(CHECK SHOULD BE MADE PAYABLE TO THE CITY OF HAMILTON)
(AMOUNTS OF LESS THAN ONE DOLLAR (\$1.00) SHALL NOT BE COLLECTED, REFUNDED OR CREDITED.)

7. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____
TO NEXT YEAR ESTIMATE

NOTICE: BY LAW, ALL REFUNDS AND CREDITS IN EXCESS OF \$10.00 ARE REPORTED TO IRS. I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. I UNDERSTAND THAT IF THE TAXPAYER WILL OWE MORE THAN \$200.00 WHICH IS NOT WITHHELD, A DECLARATION OF ESTIMATED TAX MUST BE COMPLETED.

THIS SPACE FOR TAX OFFICE USE ONLY.

DA =

MAY THE TAX OFFICE DISCUSS THIS RETURN WITH THE PREPARER SHOWN BELOW? () YES () NO

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER OR AGENT

DATE

DAYTIME PHONE # _____

DAYTIME PHONE # _____

COMPLETE ITEMS 8-11 IF YOU HAVE OTHER TAXABLE INCOME.

8. PROFIT FROM ANY BUSINESS OWNED (ATTACH COPY OF FEDERAL SCHEDULE C) _____ \$ _____

9. SCHEDULE E - INCOME FROM RENTS ... ATTACH FEDERAL FORM E ... PAGE 1 AND 2

KIND & LOCATION OF PROPERTY	NO. MONTHS RENTED IN 2002	AMOUNT OF MONTHLY RENTAL	AMOUNT OF RENT	DEPRECIATION (Attach Schedules)	REPAIRS (Attach List)	OTHER EXPENSES (Attach List)	NET INCOME OR LOSS

NET INCOME (OR LOSS) SCHEDULE E _____ \$ _____

10. OTHER TAXABLE INCOME (ATTACH APPROPRIATE FEDERAL SCHEDULE SUCH AS W-2G, FORM 5754, SCHEDULE F, 4797, 6252, ETC.) _____ \$ _____

11. TOTAL OTHER TAXABLE INCOME (LINES 8 THRU 10) INSERT ON LINE 2, PAGE 1 _____ \$ _____

A. TOTAL NET OPERATING LOSSES (LINES 8 THRU 10) INSERT ON LINE 2A, PAGE 1 _____ \$ _____

SEE INSTRUCTIONS ON SEPARATE PAGE

FOR COMPLETION OF LINES 1 THRU 11

NOTE: UNLESS ACCOMPANIED BY COPIES OF APPROPRIATE FEDERAL SCHEDULES AND PAYMENT OF THE BALANCE OF THE 2002 TAX DECLARED DUE (LINE 6) THIS FORM IS NOT A LEGAL FINAL RETURN.

HAS YOUR FEDERAL TAX LIABILITY FOR ANY PRIOR YEAR BEEN CHANGED IN THE YEAR COVERED BY THIS RETURN AS A RESULT OF AN EXAMINATION BY THE INTERNAL REVENUE SERVICE? ☐ YES ☐ NO. IF YES, HAS AN AMENDED RETURN BEEN FILED FOR SUCH YEAR OR YEARS? ☐ YES ☐ NO.

DID YOU RECEIVE A REFUND FROM ANY OTHER CITY IN 2002? ☐ YES ☐ NO. IF SO, GIVE NAME OF CITY _____

AMOUNT OF REFUND _____ YEAR REFUND WAS FOR _____ .

A REQUEST FOR EXTENSION MUST BE FILED PRIOR TO APRIL 30.

AN EXTENSION IS TO PROVIDE ADDITIONAL TIME TO FILE.

PAYMENTS ARE NOT EXTENDED.

TELEPHONE # _____

EMPLOYER IN 2002 _____

PRESENT EMPLOYER _____

DID YOU FILE A RETURN FOR 2001? ☐ YES ☐ NO

NOTE: IF RETURN IS NOT DUE CHECK BOX ☐ AND ATTACH WRITTEN EXPLANATION.

LATE FILING OF THIS RETURN SUBJECTS HAMILTON TAXPAYERS TO A MINIMUM PENALTY OF \$25.00.

NOTE: PAGE 2 MUST BE COMPLETED IF YOU HAVE TAXABLE RENTAL PROPERTY OR BUSINESS INCOME.